

MONTHLY GRADUATE ASSISTANT GROUP HEALTH INSURANCE RATES FOR CY 2006*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
STANDARD PLAN	3	609.10	1519.40
STATE MAINTENANCE PLAN (SMP)	1	387.10	964.50
COMPCAREBLUE AURORA FAMILY	1	323.80	806.10
COMPCAREBLUE NORTHWEST	2	369.70	920.90
COMPCAREBLUE SOUTHEAST	2	387.40	965.10
DEAN HEALTH PLAN	1	283.30	704.90
GHC-EAU CLAIRE	1	366.80	913.60
GHC-SOUTH CENTRAL	1	283.00	704.10
GUNDERSEN LUTHERAN	1	327.50	815.40
HEALTH TRADITION	1	352.30	877.40
HUMANA-EASTERN	1	401.80	1001.10
HUMANA-WESTERN	2	401.70	1000.90
MEDICAL ASSOCIATES HMO	1	287.30	714.90
MERCYCARE HEALTH PLAN	1	242.60	603.10
NETWORK HEALTH PLAN	1	283.40	705.10
PHYSICIANS PLUS--MERITER & UW	1	302.60	753.10
UNITEDHEALTHCARE NE	1	309.20	769.60
UNITEDHEALTHCARE SE	1	370.80	923.60
UNITY-COMMUNITY	1	350.00	871.60
UNITY-UW HEALTH	1	274.50	682.90
WPS PATIENT CHOICE 1	1	375.00	934.10
WPS PATIENT CHOICE 2	2	408.50	1017.90
WPS PREVEA HEALTH PLAN	1	335.70	835.90
*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.			